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CASE OF ERYTHEMA TUBERCULATUM.

[THE following statement of Mr. Walcott's case is from the Records of the Mass. General Hospital. Dr. Henry G. Clark, one of the surgeons of the Hospital, read the account before the Boston Society for Medical Improvement in immediate connection with the case reported by Dr. Durkee, and which appeared in our last issue. We consider that the two cases give importance and interest to each other. So far as we are able to learn, they are the only instances of erythema tuberculatum ever known in Boston.—EDS.]

S. B. WALCOTT, aged 59, married, lawyer, a resident of Salem, entered the Hospital June 19th, 1854. The patient was born of healthy parents. Last July, he had pain and swelling of the left knee, which appeared to be, and was treated as, a common case of synovitis. In October, he consulted Dr. Hayward about his knee, and mentioned also that several "boils" had appeared on various parts of his body, one large one, in particular, on the outside of the left leg. One of these tumors was opened shortly after this, but gave exit to no pus, though it bled quite freely. The patient says that when any of these "boils" have broken, they have been very sluggish, and indisposed to heal, discharging irritative and offensive matter; but that they are not painful, except when pressed, as with the finger. In April, the knee swelled without discoloration or stiffness; became harder and began to be painful. At two different times, in December, 1853, and in April, 1854, these tumors have flattened; while on both of these occasions he had nausea, loss of appetite, stricture of the chest, with acceleration of the pulse, and great prostration. There has been no impairment of the general health, except at the times just mentioned. Appetite and digestion good, and the bowels, which had previously been much constipated, have, since the appearance of the tumors, been perfectly regular.

At present, the patient's condition is as follows:—

On the forehead, and upon the upper and lower extremities, there exist certain tumors, the appearance of which will be best understood if described under four stages; there is, however, no regular

progression in the disease, in the different tumors, in proportion to the length of their duration; some of them remaining at the first stage, while others advance to the fourth.

1st. They appear as livid spots in the skin, varying from a quarter to a whole square inch in size, the skin being but slightly altered to the touch, being a little thickened, and less pliable than natural.

2d. These spots become tumefied, and rise above the surface, involving only the skin, and imparting the sensation as if their distension was due to a fluid.

3d. After growing to a certain size, the surface becomes furfuraceous and scaly, and there is a slight depression, with an appearance both to the eye and touch as if suppuration had taken place; this, however, is deceptive, as the introduction of an exploring needle lets out nothing but a little blood.

4th. Ulceration takes place on the surface, where this dry scaly condition exists, with, however, only a slight discharge, and without any rapid progress. Ulceration has taken place only in a few of the tumors.

The general form of these tumors is round and compact, and two on the thighs have hard bases, as if the cellular tissue were involved. On the arm, they are remarkably isolated from the parts beneath the skin. On the right forearm, there is one which presents a convoluted shape, simulating eiloides. On the left forearm, there are two tumors, separated by about an inch of cicatrized skin. These were formerly united, forming one. Such are the general appearances of these tumors.

On the left knee, however, there is a different modification of the disease. The whole joint is twice its natural size, the enlargement being due to the presence of two tumors, one on either side of the patella. Each of these is about half the size of the first, purple, glistening, and tense in appearance; firm and not painful to the touch, save when rudely handled. These apparently grew from the outside of the joint, touching each other in front of the patella, but with a sulcus between them, on the surface. There is no motion in the joint. Patient moves about with crutches. The tumors, except the one last described, are generally without pain. He thinks that were it not for the pain in the knee when he moves, he would be able to be about his employments as usual.

After his entrance into the Hospital, the patient's condition grew slowly worse. During the remainder of the month of June, and early part of July, he was feeble, and much troubled by a hacking cough, which he attributes to the iodide of potassium, having experienced similar effects from it before. About July 3d, the skin of the inside of the right thigh began to inflame, a small patch, an inch in diameter, being very sore and tender. Severe pain was also felt over the cardiac region. From these causes the patient's rest was much interfered with. The tumors began to grow softer and flatter, and the open sores almost entirely ceased to discharge. On July 11th, the record says, "The prominences have continued to

flatten until yesterday; they are now becoming fuller again. The large one on the anterior aspect of the right thigh has scarcely changed its aspect at all; the two prominences are running into each other to some extent. The one on the left side of the knee is very hard, shining and red. Several small ulcerations are beginning to make their appearance. The patient complains very much of pain in the knee, and cannot rest at night. He cannot walk about the room, as he did when he first entered. Pulse 80, sufficiently strong." He took five grains of extract of conium three times daily, and then increased the dose five grains, each time, without relief.

At the suggestion of Dr. James Jackson, on the 13th of July, he commenced taking guano, in doses of a drachm, twice daily, in molasses, and the dose was increased to four scruples, on the 18th. The extract of conium was also increased to 45 grains in a dose, but he continued to suffer severe pain, and to lose strength. About July 17th, a very troublesome eczema made its appearance about the face, and being attributed to the conium, the latter was omitted. The eczema, however, continued, causing much annoyance, and spread to the left knee and popliteal space. It began to diminish early in August. After abandoning the conium, the patient tried McMunn's elixir of opium, and took ninety drops during the night, without obtaining full rest. He also tried the inhalation of ether, and morphia.

Early in August, several of the tumors began to ulcerate, discharging a very fœtid matter, thus adding much to the patient's sufferings, and depressing his strength.

Aug. 20th.—"One of the tumors on the left forearm has become cleft through the middle, forming two almost separate tumors. Half the knee is now raw, and very painful." On the 20th of August, while the limbs were being bathed and dressed, a smart hemorrhage took place from two minute venous orifices in the ulcerated tumor on the left side of the knee. It was easily checked by the application of lint, and pressure. Mr. W. got some sleep after the hemorrhage, and was, on the whole, rather more comfortable. The hemorrhage recurred frequently, increasing in amount, and of course adding greatly to the prostration of the patient, who kept his bed after October 3d.

Oct. 7th.—A hemorrhage took place, from which the loss of blood was estimated at between sixteen and twenty ounces. The offensive, sloughy discharge from the ulcerated tumors continued, and the countenance of the patient became pale, pinched and anxious.

Oct. 14th.—"The house-surgeon entered the room just after the patient had waked in a paroxysm of general distress which he always has on waking. There is extreme dyspnœa; excessive pain in knee; sense of constriction across chest. Pulse 106, strong. Says he feels as if all the pain he had ever suffered was concentrated into that one minute."

Oct. 18th.—"Somewhat deaf. Complains that the room is dark. Wandering in mind. Some difficulty in micturition."

Nov. 20th.—"Some hemorrhage this morning and yesterday. A slough as large as a pint bowl separated this morning, leaving the same sloughy look beneath."

Nov. 23d.—"Very profuse hemorrhage last night, saturating the bed-clothes. Much weaker to-day. Hiccough, which is not relieved by any remedies."

Dec. 1st.—"More feeble. Scarcely notices anything about him. Hiccough, and at times, hemorrhage. Slight dejection in bed, and discharge of blood from the bowels."

Dec. 4th.—Since last report he remains in a semi-conscious state. Cannot articulate. Has taken no nourishment for two days. Pulse barely perceptible at wrist. Skin cold and moist. He died at 10½ o'clock, A. M., the whole duration of the disease having been seventeen months.

A NEW METHOD OF REMOVING SOLUBLE SUBSTANCES FROM THE ŒSOPHAGUS.

[Communicated for the Boston Medical and Surgical Journal.]

In November, 1851, I was sent for to assist Dr. A. W. Barrows, of this city, in a case of choking which had come under his treatment. The subject was a lad aged about 12 years. When a child he had suffered from scarlet fever, which had severely affected the throat, and left a stricture low down near the stomach, and probably at the cardiac orifice. He had been unable, for several years, to take any substance thicker than soup, and was obliged carefully to remove everything of the size of a small pea, or else the passage became obstructed. On this occasion he had attempted to swallow a piece of *scrap* as it is called, which is the portion remaining after trying out the fat of pork, and it was of a very tough, gristly character. He had been unable to take any nourishment for two or three days, and every effort made by Dr. B. had failed to remove the obstacle to swallowing. We had a probang prepared, a long piece of whalebone with a silver extremity an inch in length and two lines in diameter. This would not pass, and when pressed upon the substance in the œsophagus gave excruciating pain. The attempt was several times renewed at intervals, but with no more success. No nourishment would pass; even a teaspoonful of water or milk would be rejected in a few minutes. Some four or five days had passed, and the lad was almost exhausted for the want of food, though attempts had been made to support life by broth enemata. In this state of the case it occurred to me that the flesh might be dissolved, and that the best solvent was the gastric juice itself. The suggestion met with the approval of Dr. B., and was acted upon forthwith. There was obtained, in the speediest manner, the stomach of a pig, killed, as they usually are, without previously eating; the liquid con-

tents were strained off, and a teaspoonful was given every hour or so. This was at night; early in the morning the mass was softened, and easily passed into the stomach without instrumental aid. It took about twelve hours to effect its solution. The patient suffered extremely from his long fast, and had a severe attack of fever in consequence, but recovered after a week or two. About two years after this occurrence, he was again choked in a like manner; the probang again failed to produce expulsion of the offending meat. The same method was pursued, and in a few hours the œsophagus was in good order without further manual aid.

On March 22d, I was sent for to assist Dr. Child, of East Hartford, in a case of similar character. The patient was a daughter of Mr. J. Hills, of that place, and aged about 17. She had suffered from scarlet fever several years previously, and her throat had seriously troubled her ever since. She had frequently been choked, but never but once before had called a physician on account of it, and then had found relief by ejecting the morsel in an effort to vomit. Miss H. had accidentally swallowed a very tough piece of veal at breakfast, and it became fixed in the œsophagus. Dr. C. had made efforts to remove it by the probang, the administration of olive oil to lubricate it, and had succeeded in getting down enough of an emetic to produce vomiting, or rather attempts at it. I found her suffering from much spasmodic action in the throat, constant cough and disposition to vomit, particularly if any examination of the throat was made. On passing my finger deep into the fauces, I detected the obstruction a little below the glottis, firmly impacted, apparently behind the cricoid cartilage. It seemed as if it might be easily removed by the œsophagus forceps; but such was the difficulty of using them at night, and such the spasm of the glottis, that after several attempts we desisted. The probang was equally unsuccessful, and every attempt resulted in terrible spasms and obstruction of respiration. Bearing in mind the fortunate results which had followed the use of the gastric fluid in the preceding instances, I suggested to Dr. C. that it would be better to try the same plan for a few hours. To this assent was given. It was now ten o'clock at night; we proposed getting, if possible, the fluid and continue its use until 2, P. M. next day, when, if it failed, we might possibly succeed with the forceps, by the help of daylight, better than at night. The liquid was taken in half teaspoonful doses every hour. She passed a rather restless night, but slept about two hours. In the forenoon of the 23d, several small fragments, of the size of a pin's head, were thrown up, but as at 2, P. M. the obstruction remained, I was again sent for. On opening the door, Dr. C. informed me that we were happily saved any further trouble, as the mass had just been swallowed, after the ejection of several stringy fibres, and without instrumental aid.

I do not know that this is altogether a new treatment, but no author in my possession speaks of it, nor had it ever been suggested to my knowledge. Even now it is not absolutely certain that the

solvent properties of the liquid were useful; still, as its use has been followed with relief three times, and the last time in exactly the period predicted, it is worthy of further trial. If some more palatable substance could be found, it would be desirable; but in cases of such emergency we must use whatever is likely to afford relief. Should any one meet with a similar case where instrumental aid fails, it is an easy alternative. Whether the gastric juice of simply herbivorous animals would answer, I can hardly say; but it seemed advisable to try that of a carnivorous one, as it would, if useful, produce a more speedy result. P. W. Ellsworth.

Hartford, Conn.

CHLOROFORM AND FORMIC ACID.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—My only object in the communication which I made to your Journal of the 13th inst., in regard to the alleged discovery, by Dr. C. T. Jackson, of *formic acid* in the blood of the female who died in Boston recently from inhaling chloroform, was to elicit all the facts relating to the matter. To this, a full reply is withheld, on the ground that the article was "*anonymous*" (though I do not see how this can affect the validity of the objections urged). A year or two since, Dr. Jackson announced, through your Journal, that he had discovered that the poisonous action of chloroform was owing to its containing *fusel oil;* and he now informs us that chloroform proves destructive to life by its leading to the formation of *formic acid*, thus "depriving the blood of its oxygen, and *so altering it as to render it incapable of absorbing vital air*, and the patient dies from asphyxia." This is pronounced by him to be "an important physiological fact of no small practical moment"—which I conceded, if it only be a fact; but to my objections to receiving it, it is answered, "I do not know who the writer is"—"I am not in the habit of answering anonymous communications," &c. This objection shall be obviated. The only reply to my article is, that "if I (C. A. L.) am a chemist and physiologist, I shall most effectually invalidate his conclusions, if I can and will, by simply distilling four ounces of healthy blood, at the temperature of a chloride of calcium bath, produce a sufficiency of formic acid to reduce several grains of metallic silver from the nitrate." This is certainly very adroit. No answer is made to my statement that "formic acid is a product of the oxidation of many animal and vegetable substances" (*Lehmann*, Vol. I. p. 56); that it would, in all probability, be generated by the distillation of blood in the heat (336° Fahr.) of a chloride of calcium bath (*Lehmann*); that "formic acid enters into the normal composition of most animal bodies" (*Bouchardat, Compt. Rendu*, T. 20, p. 1026); that it is found in "very large quantities in human sweat" (*Lehmann*, Vol. I., p. 54); that it would be just as readily produced in the blood from alcohol, acetic acid, wood spirits

and butyric acid as from chloroform, and that there is no proof whatever that the presence of formic acid in the blood in any quantity, can produce "asphyxia," much less "render the blood incapable of absorbing vital air." It is not maintained, I believe, that formic acid, like "*fusel oil*," is a poison *per se*, but that it acts chiefly by de-oxidizing the blood. Let us see, then, what must be the extent of its operation in this respect, viewed in a strictly chemical aspect, as this is "an important physiological fact of no small practical moment"!

Formic acid being produced from chloroform, the most simple reaction that could take place would be the substitution of oxygen for the chlorine by means of water; such a reaction would be thus represented: *Fo Cl_3+3H O=Fo O_3+3H Cl.

		Equivalent		
The equivalent of a compound atom of chloroform is 35.46.	Carbon	2.	12	119.38 equiv. of chloroform.
	Hydrogen	1.	1	
	Chlorine	3.	106.38	

		Equivalent		
The equivalent of a compound atom of formic acid is	Carbon	2.	12	37 equiva. of formic acid.
	Hydrogen	1.	1	
	Oxygen	3.	24	

119.38 parts of chloroform could be converted into 37 parts of formic acid. Formic acid (C_2 H O_3) not only reduces the oxygen, but also, in most cases, the soluble salts of the noble metals, and is itself oxidized into carbonic acid (C O_2) and water (H O).

The reaction which occurs in the reduction of nitrate of silver (Ag O N O_5) by formic acid (C_2 H O_3), is as follows—C_2 H O_3+2 Ag O N O_5 =2 (C O_2)+H O+2 N O_5+2 Ag. It will be observed that one equivalent of formic acid reduces two equivalents of nitrate of silver. The equivalent of formic acid is, as we have just stated, 37; that of nitrate of silver is

Silver,	1.	108	170
Oxygen,	1.	8	
Nitrogen,	1.	14	
Oxygen,	5.	40	

170+2= 340; 37 parts (1 equivalent) of formic acid could reduce 340 parts (2 equivalents) of nitrate of silver; or one grain of the salt requires for its reduction .108 grains of formic acid, and this amount of acid was formed from .348 grains of chloroform (for 37 : 119.38 : 108 : : 348).

The amount of blood in an adult man of ordinary size is (*according to Robin and Verdeil, Chimie Anatomique et Phys.*, T. 2, p. 28), 12½ to 13 kilogrammes; assuming for a female ⅘ of this amount, viz., 10 kilogrammes, we should have (a kilogramme equalling about 2.2 pounds) 22 pounds of blood. If the four ounces of blood (¼ pound) reduced only one grain of the nitrate of silver (it is said "several"), the amount of formic acid reducing it being .108, we must have in the whole system 9.504 grains of formic acid (108+

* Formyle = C_2 H.

88 = 9.504) ; and the amount of chloroform, from which this weight of acid could result, would be 29.212 grains (37 : 119.38: 9.504 :: 29.212). In order to convert one equivalent of formic acid into carbonic acid, 2 equivalents of oxygen are required=16 equivalents of the acid 37; therefore 37 parts of formic acid are converted into carbonic acid by 16 parts of oxygen. The amount of oxygen, then, which will be required for the 9.504 grains of formic acid in the blood (necessary to reduce one gr. nit. silver), will be 4.109 grs. (37 : 16 : 9.504 : : 4.109).

But what is the amount of free oxygen in the blood? According to the authors cited above (p. 28–9), the quantity in weight of oxygen is found to be 2 grammes 720 for the arterial blood and 1 gramme 360 for the venous blood; in all 4.080 grammes, or, 62.966 grains (1 gramme equalling 15.433 grains). Consequently by the oxidation of the above amount of formic acid the blood would have suffered a loss of but 4.109 grains of oxygen ; while we know that the amount of oxygen in this fluid is very variable. Again Robin and Verdeil say (tome II., p. 27), referring to the whole amount contained in the system, "this quantity is besides susceptible of much variation in the same individual, according to the state of dilatation or repose in which the thorax is found." Again, p. 29, in reference to the blood they say: "these quantities of oxygen vary besides, according to a great number of physiological circumstances, according to the age, sex, and, above all, the species of animal." From the above calculations, then, it appears, that to deoxidize all the blood (it containing 62.966 grains of oxygen), there will be required 447.642 grains of chloroform (or 7 drachms, 27 grains), supposing the whole to be converted into formic acid (for 29.212: 62.966 : 4.109 : : 447.642).

But the greater part of the chloroform which is inhaled is given off by exhalation from the lungs in the expired air, and it is not probable that any considerable portion of it is converted into formic acid in the blood. If it should be, the greater portion of the formic acid is doubtless decomposed immediately into carbonic acid and water, while the remainder is speedily discharged through the cutaneous and other secretions.* But, as it is conceded that formic acid is not a poison *per se*, and that if it act at all, it is by its deoxidizing power, and as it has been made to appear, that in this respect, it can exert but a very slight influence as regards the whole amount of free oxygen in the blood; and lastly, that this latter may vary greatly without any injury to the health, I conclude that chloroform does not prove fatal by being converted into formic acid in the system and thus inducing "asphyxia."† CHARLES A. LEE, M.D.

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* *Robin and Verdeil*, in regard to *Formic acid*, remark : "MM. Bouchardat et Sandras disent avoir démontré la présence de l'acide formique dans le sang des chiens, après une alimentation prolongée à l'aide du sucre. Scherer en aurait aussi trouvé dans le bouillon de viande ; c'est aussi ce que pense Moleschott, et nous avons vu plus haut que le premier de ces auteurs en a découvert dans la rate."—*Traité de Chim., Anat. et Physiologique*, Tome III., p. 469.

† It will be observed that I have considered the reactions of chloroform, nitrate of silver and formic acid, independently of mixture with any other substances; of course the exact results which

OBSERVATIONS ON POST-PARTUM UTERINE HEMORRHAGE.

BY ABRAHAM LIVEZEY, A.M., M.D., LUMBERVILLE, PENN.

[Communicated for the Boston Medical and Surgical Journal.]

Though the life of the parturient female is held to be in considerable danger from convulsions during labor, yet I believe I am warranted in saying (if not from general statistics, at least from observation of the results of practice among my professional brethren in this vicinity), that danger from that source is not so imminent, nor are so many lives sacrificed, during, as after, the agony of travail, when comes the danger of hemorrhage. The greater peril from this cause renders the duty of the accoucheur peculiarly and fearfully responsible—eclampsia being a source of anxiety during the parturient process, but hemorrhage, like an open flood-gate to death, is a terror to his mind, the moment accouchement is effected. And wherefore is this? Is it not because we have not the same confidence in the remedial measures relied upon in the one case, as we have in the other? Is it not because the means employed to arrest the former are better understood and more promptly successful than those resorted to for the arrest of the latter? For the usual appliances employed to check this outpouring of life—such as ergot, friction externally, or even internally, the application of cold, &c., are oft times either too slow in their action, or insufficient to avert the arrow of death that so often speeds its course in these cases with winged rapidity.

Years ago, when I had no other reliance but those mentioned, with acetate of lead and opium, post-partum hemorrhage was always feared by me, from want of confidence in those agencies; but happily a few years since, I learned from a medical friend (Dr. Sites), the value of the oil of erigeron, a medicine which he had relied upon exclusively for many years, with invariable success. Ever happy to avail myself of any *new remedy*, or new applications of old ones, I commenced testing its powers upon the first favorable opportunity. During the year 1854 several parturient females having died of hemorrhage, in the practice of neighboring physicians, a kind of horror seized upon lying-in women, which combined, seemingly, with a hemorrhagic tendency, gave rise to many bad cases of this sort in my practice, some of which, I feel persuaded, would have terminated fatally, had I been obliged to have trusted to the ordinary or routine treatment. Cases in which the bedding was being fairly drenched by the profuseness of the hemorrhage, were speedily relieved by five drops of the oil of erigeron, dissolved in a tea-

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would follow when these substances are contained in the blood, are unknown, and therefore must be regarded as mainly hypothetical. There are so many other matters contained in this fluid, of whose mutual reactions, modified by vitality, we must, perhaps, forever remain ignorant, that all such deductions, based on chemical affinities and changes, which would occur in isolated mixtures out of the body, must not be regarded as scientifically established facts, but only as hypothetical results, though illustrated by chemical formulæ. It was necessary, however, in the present instance, to combat the inferences of a pure chemist with his own weapons; and though it be admitted that formic acid may readily deoxidize the blood, yet the same result is produced by *alcohol*, *lactic acid*, *urea*, *uric acid*, *butyric acid*, and all the hydro-carbons.

spoonful of alcohol—often arrested by the time I could turn and walk across the room to replace the cup upon the mantel-piece. Thus, either *post hoc*, *vel proper hoc*, have I seen the flooding cease promptly, without recourse to other measures. Rarely, indeed, is it necessary to give the second dose, which may be administered, however, in ten minutes, if the case require it. I hold that this medicine acts in condensing the uterine fibre, as does ergot, but being a volatile oil, it is diffusible and more prompt in its action.

Last summer I was called upon to attend Mrs. B. in confinement with her twelfth child. I found her much depressed in mind; she expressed fears that she should not survive her accouchement—fears grounded upon the fact that her sister had died after her twelfth delivery, from hemorrhage, and that this evil had increased upon her from the first—that her life had barely been saved in her last labor, by the persevering efforts of her attendant for two hours, &c. I endeavored to encourage her, bade her dismiss all fears of flooding to death, for I had medicine which would prevent any such untoward event. Accordingly, just as the vertex began to jut beneath the pubal arch, I gave her five drops of the oil, and the moment the funis was severed, and the child passed from my hands, five more were given. The placenta was soon delivered and no hemorrhage ensued.

Last autumn, Mrs. R., in confinement with her fourth child, was in like manner a prey to unusual anxiety in reference to a safe delivery on account of the alarming hemorrhage which was wont to follow her confinements—each subsequent one "being worse and worse," and she had long imbibed vague fears that she should not survive this labor. I assured her, as if I possessed absolute control over this matter, that she need give herself no uneasiness on that score, for she should not flood "one jot or tittle" post-partum. I treated her in the same manner as I did Mrs. B., and with the same result.

Many cases might be cited similar to the above, but as *ab uno disce omnes*, I deem it unnecessary, and will conclude with the remark, that if all my cases have been *post hoc* results, I have been peculiarly fortunate; and that since I have been accustomed to have in my vest pocket a vial of the oil of erigeron, at all times, this accident, incident to the parturient state, has lost all its terrors.

Skin Diseases.—Dr. O'Connor, at a meeting of the Medical Society of London, spoke in favor of the use of cod-liver oil in cutaneous disease, and referred to two cases of ichthyosis which he had cured by the external application of the remedy. He did not think escharotics of permanent value in the treatment of lupus, which was a constitutional disease. He had found much benefit arise from the use of Donovan's solution in this affection. He advocated small doses of cod-liver oil gradually increased, and given soon after meals.—*London Lancet.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 28th.—*Empyema. Fatty degeneration of the Heart. Inflammation of the Cellular Tissue about the left Psoas Muscle.* Dr. CABOT reported the case. The patient was a woman aged about 50, and was found suffering from dyspnœa and loss of strength. Eighteen months before, she was seen by Dr. BOWDITCH, in consultation, who found her suffering from orthopnœa, with a rapid pulse, and every appearance of approaching death. The chest was flat on percussion, and there was absence of respiration. Three or four pints of pus were drawn from the chest with great relief. She was subsequently again tapped with marked relief. Dr. B. supposed at the time, the case to be phthisical, although the respiration did not indicate more than chronic pleurisy. From this time she gradually recovered, the cough ultimately almost entirely disappearing. She was seen by Dr. Cabot about one year after. There was found to be flatness on percussion over the whole right back, and absence of respiration, with some cough and dyspnœa; she was directed to take tonics and cod-liver oil, nutritious diet, and to live in the open air as much as possible. She improved very much, and had little cough towards the last part of her life. Six days ago Dr. C. was sent for on account of what was called erysipelas of the leg. Found on visit, that what had been called erysipelas, was probably redness with tenderness along the lymphatics of the thigh, which had mostly disappeared at the time of visit, excepting some tenderness in course of the femoral vessels for about six inches below the groin, up to and beyond the crural arch; this tenderness, &c., along lymphatics, appeared to coincide with an inflamed toe-nail, irritated by walking. The nail was well at time of visit. The pulse was slightly accelerated, soft and feeble; and there was some tenderness in lower part of abdomen, especially on the left side. Tonics were ordered. Two days after, Dr. C. was sent for, and found her suffering from pain in the bowels, with some tenderness; no tympanitis: mouth dry: no coat on tongue: there was great thirst: pulse 100. A sinapism was ordered to the bowels, and eight grs. of Dovers powder, *pro re natâ*. The Dovers powder was repeated twice. She became easy; expressed herself as feeling well, and expected to be up the next day: was seen by her son at 11 and 1 in the night; he found her easy, but "bathed in cold sweat;" and perfectly conscious. She died without a struggle, while the servant was making her fire in the morning.

Autopsy about 33 hours after death, by Dr. ELLIS.

Some transudation of blood from the veins about the upper part of the chest.

Pleural surfaces firmly adherent on the right side, except over the lower and posterior third of the lung. The remaining cavity contained about one pint of pure pus. Its walls were coated with a rough layer of brownish lymph, resting upon dense membrane below, the portion which covered the *lung* being more than a line in thickness. The adhesions along the line which marked the boundary of the purulent collection were so firm that it was found necessary to divide them with the knife.

The upper two or three inches of the *lung* crepitant and healthy; the remainder, dark red, flaccid, and compressed to such an extent that it contained no air. There was a slight adhesion at the apex of *left lung*, which was every where crepitant and healthy.

The surfaces of the *pericardium*, were united by delicate bands of old false membrane, the union being most intimate over the *right auricle*; but even there, the separation was effected without any great difficulty. Enough of the cavity remained to contain about half an ounce of serum.

Substance of the *heart*, rather light colored and remarkably soft, breaking down very easily on pressure. On examination of a portion with the microscope, the transverse *striæ* of many of the *fibrillæ* were found obscured by minute fat globules, and in others had entirely disappeared, the morbid deposit alone being seen.

Liver quite soft and friable. Many of the cells contained more fat than in the normal state.

Spleen quite friable.

Kidneys normal.

Stomach and Intestines not opened, but externally normal.

Ovaries very firm; portions, of a bright-red color.

Just above the brim of the *pelvis*, on the left side, was a flattened cavity, between two and three inches in diameter, the posterior wall of which was formed by the fascia covering the psoas muscle. This cavity contained a small quantity of pus, which also infiltrated the surrounding tissues for some distance, the latter being, in some places, considerably thickened. The *vena cava*, external iliac and upper part of the femoral vein were examined, but no phlebitis was found.

JAN. 28th.—*Infantile Cerebral Disease.* Dr. BIGELOW reported the case. The patient was a child, 13 months old, healthy in size and appearance, with a large nævus upon the right arm. In July last, it went to New York and from thence to a place on the Hudson, where it was taken, it being then six months old, with spasms, violent in character, with long periods of insensibility. The child was seen by various physicians, who prescribed leeching, blisters, and evacuants, with the effect of relieving the more urgent symptoms. This condition lasted for about a month, and the case was apprehended to be one of tubercular meningitis. At the expiration of this time, the spasms became less frequent, and disappeared. There remained blindness, deafness, loss of the use of the limbs, drooling at the mouth with partial insensibility. At this stage of the case, the child returned to Boston in October. Under the circumstances, Dr. B. advised the discontinuance of medication, that the child be kept as much as possible in the open air, and that care be taken in the regulation of the diet. From that time the patient has been steadily improving; has recovered its sight, following objects with its eyes, the pupil dilating and contracting, and without any appearance of blindness. The hearing, which was totally lost, has now returned, so that the patient starts and wakes at a sudden noise. Drooling at the mouth has mostly ceased, as have also the spasms, except some slight returns while teething. The child has grown rapidly, is strong, joyous, and jumps like other children. Its sensibilities are generally prompt, but it is less advanced than other children of its age, and has some difficulty of retaining things in its hands. The bodily functions all go on well.

In reply to Dr. JACKSON, Dr. Bigelow remarked that there were now none of the symptoms peculiar to inflammation existing.

JAN. 28th.—*Abdominal Abscess pointing at the Umbilicus, with the discharge of a small oval Body.* In reference to this case, which will be found reported on page 183 of the present volume of the Society's Records, Dr. ELLIS remarked that he, on further observation, had been led to consider the walls of the *oval body* there described, as composed of *epithelium* cells,

instead of *adipose tissue*, as was first supposed, and which it very closely resembled.

Feb. 11th.—*Pus as a Product of Inflammation.*—Dr. Jackson reported a case of chronic and rather slight tubercular affection in a middle-aged man; and in which death was caused by pleurisy of four or five weeks duration. On dissection, a large quantity of fibrine was found upon the inflamed serous membrane, with a considerable effusion of yellowish, but perfectly clear, serum; but no appearance whatever of pus. Dr. J. remarked, in connection with this case, upon the difference of proportion in which the products of inflammation are found in different cases of inflammation of the serous membranes. As a striking contrast to the above, he referred to two other acute cases in which absolutely nothing else but pus was found, and this was of the most "laudable" character; it was smeared over the surface as it may have been after death, and, on removing it, the serous membrane was seen perfectly healthy. Dr. J. remarked that, so far as appearances would show, the pus was formed in these last cases directly, and as a primary effect of inflammation. From the size and degree of organization of the pus corpuscles, however, we cannot conceive how this could take place; and yet, if "lymph" (fibrine in a state of solution) is first poured out, the change into pus, in such cases as the two above referred to, must take place very rapidly, or, so far as we can see, at once. In the tubercular case, first reported, there was a great abundance of the material, generally considered so essential to the formation of pus, and yet no pus was found. Dr. J. also referred to the mucous membranes, from the free surface of which, when inflamed, pus is poured out, and apparently as the direct effect of inflammation; mixed with mucus in common catarrh, but pure in gonorrhœa and in purulent ophthalmia.

Dr. H. J. Bigelow remarked, in connection with this subject—1st, *As to the origin of the pus corpuscle;* that this, in the present state of our knowledge, is extremely doubtful. That pus is an equivalent of the fibrin of the blood, is evident from the exhaustion consequent upon excessive suppuration, and in proportion to it. The various theories with regard to the transformation of the constituents of the blood into the pus corpuscle, he deemed unsatisfactory. The rapidity of the growth would render it improbable that the pus corpuscle comes directly from the blood. Neither is it possible to distinguish it with certainty from the white corpuscle of the blood, and from certain others, in spite of what has been written upon the subject. 2d, *As to the production of pus in cases of inflammation.* How to account for this, Dr. B. remarked, is at present a point of great uncertainty. That it is not proportionate to inflammation, in all cases, is evident from the fact that suppuration is less in inflamed than in non-inflamed ulcers; and also from other facts in connection with the history of the inflammatory process, by which it would seem that it is often collateral to, and independent of, this process, as it is also of the process of granulation—as instanced in the "modelling process" of Macartney. Suppuration does not necessarily imply the effusion of lymph, nor does the existence of the latter necessarily indicate suppuration.

Feb. 11th.—*Spina Bifida.* Dr. H. J. Bigelow reported two cases of this disease. The first was in a child under one year old. The tumor was in the middle of the back, pellucid, of the size of an egg, and its walls thin and vascular. The sac was punctured in two places with a darning needle, and the child died on the following day in convulsions. This result was partly owing, in Dr. B.'s opinion, to the too sudden and complete evacuation of the tumor.

The other case, Dr. B. operated upon about five weeks since. The child was two months and a half old; the tumor high in the neck, opposite the third and fourth cervical vertebræ, of the size of a large hen's egg, flabby and indurated, and had once discharged a portion of fluid. The operation was done by thrusting two long needles through the base of the tumor in two directions, and passing a ligature around its base. The subsequent history of the case is thus given by Dr. Fogg, of South Boston, in a note to Dr. Bigelow.

"Immediately after the application of the ligatures to the base of the tumor, the stomach began to reject every thing taken into it—even a teaspoonful of cold water. This continued from noon of the day of the operation until the next morning at 10, when it was much relieved by minute doses of calomel, often repeated. The child appeared to suffer nothing during the next three days, except the pain inevitably attending the operation. On the third day after the operation, I found the head quite hot, constant vomiting, much twitching of the muscles of the arms and legs, with occasional slight convulsive movements; the thumbs turned upon the palms, and firmly clasped by the fingers; the child lying in a state of stupor, disturbed only by an occasional short cry of distress; when it would relapse into its original stupor. It utterly refused to nurse or take any liquid. In fact, the whole appearance of the child indicated that your fatal prognosis of the case would be speedily realized. I used cold applications to the head, gave a cathartic, applied sinapisms to the extremities, and administered one-sixth of a grain of calomel every second hour. It continued in the state I have described for the next two days, with no perceptible change; and the treatment was persevered in. At the commencement of the third day—six days after the operation—it would nurse a little, and retain its food upon the stomach. From this time it gradually improved, and at the end of the tenth day after the operation, I considered the danger from meningitis to have subsided.

"The child was much annoyed after this time by the irritation from the tumor, which did not become detached until the sixteenth day from the operation. After its detachment, the surface healed kindly, and now, the 25th of February, forty-nine days after the operation, is perfectly sound.

"The child was two months and fourteen days old at the time of the operation, is now just four months old, and has gained, by actual weight, since the operation, three pounds.

"You will recollect there was no paralysis previous to your visiting it, and there has been no appearance of it up to the present time."

In reply to Dr. Jackson, Dr. Bigelow stated that there was no paralysis in this case, from which Dr. J. inferred that there could have been no deficiency in the spinal marrow.

Feb. 11th.—*Gout in a Boy Eleven Years of Age.* Dr. Coale reported the case.

"In 1851 (March 10th), I submitted a case to the Society which I called 'gout.' There was fever, swelling of the joint, and most exquisite torture. The urine was high-colored, scanty, and loaded with phosphates. These symptoms were paroxysmal, the paroxysm being followed by a profuse discharge of clear urine, and almost, if not entire, relief from suffering. The case terminated in suppuration and recovery, during which there was a short attack of erysipelas. This case differed from ordinary ones, in attacking a large instead of a small joint, and in terminating in suppuration. The first peculiarity is, however, well known as an occasional one in gout; and the

other is mentioned by either Scudamore or Cullen—which, I cannot now recal—as sometimes occurring; and I also recollect a written note on the margin of the book in the library of my preceptor, the late Dr. Ashton Alexander, of Baltimore, relating the case of Judge ———, in whom an attack so terminated. As this case is given in the printed records of the Society, the question is asked by a member, why it was described as gout—that he would have termed it severe inflammation; and this question is only answered by rehearsing some of the symptoms previously given.

In January, 1855, I again offered what I considered a case of gout, to the Society. There was the same agonizing pain—swelling—scanty, high-colored and loaded urine, all in paroxysms, with complete intermission. The symptoms yielded to colchicum; but there were two peculiarities in this case also. The patient was but 11 years old; and the disease terminated in suppuration. This case was also doubted; and a case of suppuration of various large joints in a boy is quoted, although it does not now appear with what applicability. Another case is also quoted, in which the symptoms were *nearly* the same as in mine (though the difference is not stated), but the disease proved to be one of the bone.

In my case, the disease did not prove to be one of the bone, but perfect recovery ensued, and continued until ten days since, when I was called to the same boy, and found him with his toe red, swollen, and severely painful. He had fever, and the urine was scanty, high-colored, and loaded with phosphates. All these symptoms were paroxysmal, and almost completely intermittent, the paroxysms terminating with the copious flow of pale urine. Colchicum was used decidedly, and the boy is now well. This I cannot conceive will be disputed as genuine and unmistakeable gout. Now for its bearing upon the two previous cases which had been doubted. It occurred in the same individual as the second case, and resembled it in every particular except that it did not go on to suppuration; in other words, the two cases were the same—gout; except that in the previous attack there was an epiphenomenon—suppuration—which led to a disbelief in the correctness of the diagnosis. The identity of the two being shown, and the possibility or rather actuality of suppuration constituting a termination of gout, being clearly proved, I claim for my first case, of March, 1851, that the fact of its terminating in suppuration should not be a reason for doubting the diagnosis, but that it was also indisputably a case of genuine, uncomplicated gout, exhibiting two peculiarities not common, viz., its attacking a large joint, and its terminating by suppuration."

Feb. 11th.—*Delayed Dentition.* Dr. Parks reported the case of a girl 16 years of age, who, until 13, had not had all the temporal teeth, and who now has but four of the permanent set.

Feb. 11th.—Dr. Bethune contrasted the two following cases. I. *Traumatic Eversion of the Left Eye.*

Edward B., aged 15, about six weeks ago was thrown from his sled, in "coasting," and struck below the left eye, over the *lower* edge of the orbit, causing a rupture of the integuments. This was followed by loss of sight of the eye, with eversion of the globe, which still continues. He can now see only light with this eye. The right eye, on examination, appeared well. The left eye presented a partial ptosis of the upper lid, with a cicatrized wound seen along the lower edge of the orbit. The iris was of a greenish-blue color, and darker than the right. The pupil not dilated, and not moveable except by sympathy with the right. The ball was everted and carried slightly upward. Has had two blisters to the temple. *Lotio frigida* was ordered, with one grain of calomel night and morning.

Feb. 2d.—The globe straighter. The pill to be taken at night only.

Feb. 9th.—Patient sees "a little mite clearer." The eye still more in the centre. Pill to be continued.

Feb. 11th.—II. *Traumatic Ptosis, Eversion and Mydriasis of the Left Eye.* Joanna W., aged 30, intemperate, was struck five weeks ago, on *upper* edge of left orbit, by the edge of a pail. This was followed by ptosis of the left upper lid, eversion of the eye-ball, and immobility of the pupil. She remarked that the sight was "whiter," and not so plain. Just on the brow was seen a groove, running nearly its length, formed by the cicatrized wound. She was directed a small blister to the temple, and to apply a lotion of alcohol and water.

Jan. 1st.—Opens eye somewhat more. Blister over brow to be repeated; also the lotion.

Dr. B. was unable to explain the affection of the pupil in this case, as the wound was quite superficial, in front of the lenticular ganglion, and not implicating any of the nerves which supply the iris.

Feb. 11th.—*Epithelial Disease of the Penis.* Dr. Shaw exhibited the specimen. The whole penis was removed, by Dr. James Deane, of Greenfield, from an old man, who had suffered from the disease a year and a half. The *glans*, *corpora cavernosa*, and *corpus spongiosum*, were all diseased; a part of the glands had ulcerated. There was no swelling of the inguinal glands, but some enlargement of the scrotum, probably owing to hydrocele.

The disease, on section, presented the appearance of epithelial tumor of the lip. It was composed of epithelium in flattened scales or arranged in concentric masses, as in epithelial disease of the lip.

Feb. 25th.—*Intermittent Hemiplegia.* Dr. Bethune reported the case.

The patient was a boy 15 years of age, of spare habit, and was first visited in August last. Two years before, he was suddenly attacked with paralysis of one half of the body, which lasted for a few hours, and then passed off. The eyes became, at the same time, affected with pain, heat and blur. These symptoms continued. Not long after, he suffered another hemiplegic attack, which continued, like the first, but a few hours, the eyes still remaining about the same. These attacks became gradually less frequent, the last being about four months previous to the date of Dr. B.'s first visit. Cooling applications were made to the head, and counter-irritation employed. All the symptoms continued to improve till January, he having in the meantime returned to Lawrence from the country, when he was again suddenly taken during the night with paralysis of one side, extending to one half of the tongue and impeding articulation. There was no loss of consciousness. The eyes were again affected as before, but are now improving. He has had no attack since. Slight irregularity of the pupil is the only unusual appearance noticeable in the eyes. Dr. B. remarked that he had not before seen such a case, and that it would not have seemed so remarkable in a woman, in whom it might have been attributed to hysteria.

Feb. 25th.—*Hysteria in a Boy 14 years of age.* Dr. Jackson reported the case. The patient was stout and healthy in appearance. He had had several attacks like hysteria within the previous three or four weeks. There was pain in the abdomen just before a paroxysm, unaccompanied, however, by any derangement of the stomach or bowels. There was at first apparent partial unconsciousness like that of hysteria. These turns lasted from one half to three quarters of an hour, partaking rather of the nature of spasm than convulsion, there being, at times, marked opisthotonos. There was no

trouble about the head or elsewhere, and Dr. J., who saw him but once, considered it a well-marked case of hysteria.

Dr. BETHUNE questioned whether these symptoms might not be connected with commencing puberty.

Dr. PARKS related another case of this affection occurring in a man 28 years of age, unmarried. Dr. P. saw him in three different attacks, at intervals of a few weeks. They came on about ten o'clock at night, after a day's hard labor, and were always connected with a feeling of distress in the abdomen, like colic. There was opisthotonos, and yet more action than is usual with this symptom. He had no recollection of the attack, which was accompanied with violent laughter. He improved, temporarily, under the use of Fowler's solution. After the last attack, a tender spot was discovered just beneath the umbilicus; there was also costiveness. The compound cathartic pill was given, and for two months past he has been free from an attack.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 17, 1856.

ACCURACY OF MORTUARY STATISTICS.

WE have had occasion more than once, in noticing the returns of births, marriages and deaths, made by order of the Legislature and of our city government, to refer to the inaccuracies which must occur in these valuable tables, so long as the method of obtaining the information which they contain exists in its present imperfect condition. None are more conscious of these deficiencies than the officers who are engaged in compiling the statistics. We quoted, in the Journal for March 27th, the remarks of the City Registrar upon this subject, the importance of which induces us again to call attention to it in the hope that something may be done by the present Legislature, at least to carry out the obvious suggestion of Mr. Apollonio, that the causes of death should be certified to by medical men, instead of undertakers. It is not to gratify an idle curiosity that so much expense and labor is incurred in preparing vital and mortuary statistics. They are of great practical value to the community, as affording the best means of preserving and prolonging the health of its members, of furnishing valuable contributions to the study of disease, and to the improvement of hygienic science, and of obtaining data for calculations of the duration of life.

The most important element for obtaining these results is the *causes* of death. It would seem to a superficial observer as if it were not a difficult thing, in general, to say of what disease a person died; the medical practitioner, on the contrary, knows that, in many cases, it is a very difficult thing, and that sometimes a skilful physician can only arrive at an approximation of the truth, even when the case has been under his care. How often, then, must mistakes arise if the diagnosis is to be determined by one wholly ignorant of the science of medicine. It is true that in many cases the name of the fatal disease is derived indirectly from the attending physician, but this is generally through the medium of the friends of the deceased, and in a considerable number of cases no medical attendance was had during the illness of the patient, and the causes of death could only be

guessed at. Many of these returns were so manifestly absurd that the City Registrar wisely preferred to record the causes as "unknown," rather than to introduce an error of importance into the tables.

Some indication that the Legislature is aware of the defects existing in the returns, is afforded by an order to the Secretary of State to distribute to those whose duty it is to furnish them, a circular, setting forth the penalties for not conforming to the requirements of the law. We hope that much improvement will follow from this measure, but we must insist that something more remains to be done, to render our mortuary statistics what they should be. The physician who attended the deceased in his last illness should be compelled by law to certify to the cause of death, and in those cases where no medical advice was had, it should be made the duty of the undertaker to obtain such a certificate from a respectable medical man. Such a law, enforced by proper penalties, could not fail to insure great accuracy in the statistics relating to the causes of death in the Commonwealth. Considering the number of physicians in the Legislature, may we not hope that an effort will be made to effect this important object?

MASSACHUSETTS GENERAL HOSPITAL.

"This extensive edifice, with its spacious grounds and beautiful shade trees, bordering on Blossom and Allen streets, forms one of the many objects of interest to strangers visiting our city; but a very great improvement might be made in its appearance, and at the same time add to the comfort and enjoyment of its unfortunate inmates, by erecting a neat and substantial iron fence on the line of the above streets, in place of the close, half-white-washed and dilapidated board fence now on the premises, with here and there only a knot-hole to squint through. We believe the subject has been agitated several times, and should think that out of the many liberal donations to the institution, the directors might appropriate a suitable sum for this purpose."—*Chronicle.*

We cannot but concur in the opinion above expressed, that a suitable iron fence should surround a building which would be quite an ornament to the quarter of the city in which it is situated, could its entire proportions and well-kept grounds be seen. The two or three structures worth being looked at in Boston are observed under difficulties, and it is a pity to cover up what is really creditable. While we trust that this greatly needed improvement will be soon made in the surroundings of the Hospital, we are well aware that the Corporation are not so rich that they can, without due consideration for more peremptory demands, indulge in ornamentation. Many of the "liberal donations," referred to by the *Chronicle*, are unavailable at present; the institution is better off prospectively than actually; the expenses are very large and *must* be met. Moreover, there is a pressing necessity for increasing the number of *free beds*, which are at present altogether insufficient to supply the constant demand made by those who are unable to pay their board. A large amount of money might thus be most advantageously employed. It were to be desired that bequests and donations to colleges, hospitals, *et id omne genus*, should be made more quickly available, for *bis dat qui cito dat* is true in the case of corporations as in that of individuals. We know of nothing which would more rejoice our eyes than the realization of the *fencing-lesson* above given; and whenever it shall be found practicable, we believe it will be of much advantage to the Hospital, as well as add to the "objects of interest to strangers visiting our city."

THE MASSACHUSETTS IDIOTIC SCHOOL.

THE annual report of this institution, which has been recently laid before the Legislature by the Governor, represents the school to be in a prosperous condition. There are now in the school 45 pupils, 36 of whom are supported by the State. We hope to notice the report at length, when it is printed, and in the meantime we quote the following extract, which we find in the *Daily Advertiser*. Speaking of the grant of $25,000 to the institution by the last Legislature, the trustees say: "Massachusetts has taken the lead in many works of beneficence, as common schools, hospitals for the insane, asylums for the blind, and the like; and each of her early appropriations was considered 'extraordinary' by some, though now universally commended. She has taken the lead in establishing a school for idiotic children, and her lead is now being followed by other States. Besides her annual appropriations, now continued during eight years, she last year made an extraordinary appropriation for the permanent establishment of a school which she had been encouraging, though cautiously, as an experimental one. The grant was made by men who had taken extraordinary pains to satisfy themselves, by personal inspection and examination of the institution and its inmates, that it was doing a work of humanity, and deserved the future aid of the State. The Legislature of the State of New York had granted the sum of $75,000 for a similar purpose; and it would be indeed extraordinary if Massachusetts should be behind any State in making suitable provision for a class of unfortunates, as soon as it was shown that their sad condition could be greatly ameliorated by any means at her command. * * * * Considerable progress has been made with the building, which will be ready for occupancy by midsummer of this year."

Providence Medical Association.—We have received a copy of the by-laws of the above association, relating to fees and to professional etiquette. The fee for a regular visit is the same as that in Boston. The other fees are generally lower, particularly that for midwifery, which we consider altogether too low, being $10 in the daytime, and $12 in the night. We observe that all the city members of the Association agree to comply with the by-laws.

Books and Pamphlets Received.—Principles and Practice of Ophthalmic Medicine and Surgery. By T. Wharton Jones, F.R.S., &c. 2d American edition.—On some of the Diseases of Women admitting of Surgical Treatment. By Isaac Baker Brown, F.R.C.S., &c.—Atlas of Cutaneous Diseases. By J. Moore Neligan, M.D., &c. (From Blanchard & Lea.)—Catalogue of the officers and students in the Cleaveland Medical College.—Report of the Census of Boston, for 1855, &c. By Josiah Curtis, M.D.

MARRIED,—In this city, April 2, Dr. Joseph Hager, of Urbana, Ill., to Miss Lucy Frances Clapp, daughter of J. B. Clapp, Esq., of this city.

DIED.—In Quincy, 2d inst., William Brown Bugbee, M.D., 33, son of the late Dr. Samuel Bugbee, of Wrentham.

Deaths in Boston for the week ending Saturday noon, April 12th, 68. Males, 31—females, 37. Inflammation of the bowels, 3—burns, 1—consumption, 10—convulsions, 4—dysentery, 1—dropsy, 1—dropsy in the head, 4—drowned, 2—debility, 3—infantile diseases, 4—puerperal, 2—erysipelas, 1—typhoid fever, 1—scarlet fever, 3—disease of the heart, 2—hæmorrhage of the lungs, 1—intemperance, 1—inflammation of the lungs, 5—congestion of the lungs, 1—marasmus, 2—measles, 3—old age, 3—palsy, 1—pleurisy, 1—smallpox, 1—teething, 3—unknown, 3—worms, 1. Under 5 years, 23—between 5 and 20 years, 9—between 20 and 40 years, 18—between 40 and 60 years, 6—above 60 years, 12. Born in the United States, 42—Ireland, 22—England, 1—Germany, 1—Other foreign places, 2.

Death of a Fœtus from Smallpox.—M. Blot relates the following example of this to the *Societe de Biologie.*

The mother of the little patient, previously in good health, and six months advanced in her second pregnancy, was attacked with smallpox, on the 17th of July, 1854. She had not been vaccinated, but the attack was not severe, and she recovered without any secondary fever. During her illness, the movements of the child were more continuous than they were before, but not so energetic; during her convalescence the same movements became more and more feeble, until they ceased altogether, and the child was felt to fall towards the side on which the mother happened to lay. Two days after this cessation labor came on unexpectedly, and the mother removed to the "Clinique d'Accouchements," where she was presently delivered of a male fœtus of the six and a half or seventh month, *covered with pustules of smallpox.* This fœtus presented unequivocal evidence of having been recently alive, and there was every reason to believe that it had had smallpox at the same time as its mother, and that it had died from this cause.—*Gazette Med. de Paris.*

Medical Affairs in Europe.—On the Continent, during the past month, there does not seem much of novelty. M. Paul Dubois has been inquiring into an endemic of puerperal fever which has been prevalent in Paris, very inopportunely for the accouchement of the Empress Eugenie, which occurs in a few days. From various communications with the French capital, and from meeting various Paris men recently in London, it seems that they now understand how to treat those cases better than they did. Dr. Ch. Martius has published a series of sketches recently (in the *Deutsche Klinik*), of what he has seen in London, and some of the views of Graves to "feed fevers," and of Dr. Todd to treat a whole host of inflammations in the same way, has caused an extraordinary sensation generally through France and Germany. Mr. Skey has been giving some most admirable lectures also in London, on chronic abscesses, in a surgical point of view; he believing they have their origin in a state of the system half fever, half inflammation, which he calls "below par," of which he has been giving a series of most brilliant exemplifications. Dr. Todd's erysipelatous poisoning of the blood from fever, Skey's "below par," and Graves's "feeding fever," have all a common origin; so much so, that Mr. Skey now tells his class they have learnt too much surgery, and they must give it up for medicine!—*Dublin Med. Press.*

Pennsylvania Hospital for the Insane.—Dr. Kirkbride's report of this Institution, for 1855, informs us that the total number of patients in the Hospital during the year, was 399; the highest number at any one time was 242, the lowest 223. 176 were admitted, and 169 discharged. Of the discharged, 101 were cured; much improved, 13; improved, 23; stationary, 11; died, 21.

A considerable part of the Report is taken up with an earnest appeal to the public for assistance in erecting and endowing a new hospital for the insane, on ground contiguous to the present institution. The need is a great one, and we ardently hope that the small amount required will be soon procured.—*Philadelphia Medical Examiner.*

Legal Responsibility.—Judge Minot, of Pennsylvania, has laid down the following rules of law, as applicable to physicians. 1. The medical man engages that he possesses a reasonable degree of skill, such as is ordinarily possessed by a profession generally. 2. He engages to exercise that skill, with reasonable care and diligence. 3. He engages to exercise his best judgment, *but is not responsible for a mistake of judgment.* Beyond this, the defendant is not responsible. The patient himself must be responsible for all else; if he desires the highest degree of skill and care, he must secure it himself. 4. It is a rule of law that a medical practitioner never insures the result. These are received in general as sound views, and such as will govern every enlightened court. There could scarcely be a greater absurdity, than to require physicians and surgeons to insure the result, when they can in no case control all parts of the treatment. Few serious cases are carried through a single day, and many not a single hour, without a violation of instructions, on the part of nurses and attendants.—*Peninsular Journal of Medicine and Collateral Sciences.*